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3. ASSIGNEE NAME AND RESIDENCE DATA	TO BE PRINTED	ON THE PATENT	(print or type)

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer

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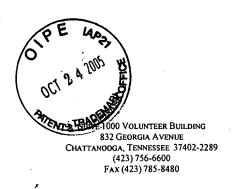
registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is

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Please check the appropriate assignce category or categories (will not be	printed on the patent):	
4a. The following fee(s) are enclosed:	4b. Payment of Fee(s):	
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☐ Publication Fee (No small entity discount permitted)	Payment by credit card. Form PTO-2038 is attached.	
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5. Change in Entity Status (from status indicated above)		
a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.	☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).	
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Miller & Martin PLLC





Stephen J. Stark

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Direct Dial (423) 785-8229
Direct Fax (423) 321-1568\*
sstark@millermartin.com

October 19, 2005

Client/Matter: 50243-0008

In re application of:

**Burns Phillips** 

Serial No:

10/613,647

Filed:

July 2, 2003

Title:

Surgical Retractor Having Curved Arms

Gr. A.U.:

3732

C/M:

50243-0008

Mail Stop ISSUE FEE Commissioner for Patents P. O. Box 1450 Alexandria, Virginia 22313-1450

Sir:

Enclosed herewith is an Issue Fee Transmittal Form (PTOL-85B) and check for \$700.00 covering the Issue Fee, small entity status having been granted.

Respectfully submitted,

Stephen J. Starl

Customer No. 03490

SJS:blm Enclosures